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## Midtown Medical Practice, P.C.

48 E. 43<sup>rd</sup> Street, 6<sup>th</sup> Floor, New York, NY 10017 • Phone: (212) 682-5800 Fax: (212) 682-5179

## INITIAL PHYSIATRIC EVALUATION

PATIENT NAME: Adonna Frometa

**EVALUATION DATE:** February 23, 2007

The patient is a 38-year-old right-handed female who states that she was involved in a motor vehicle accident on February 14, 2007. The patient states that she was a seat belted driver of a car which was hit from behind. The patient denied head trauma but states that she lost consciousness for a few seconds. The patient reports that she was taken by ambulance to a hospital in Manhattan where she was evaluated. According to the patient, x-rays did not show any fracture and she was released from the emergency room and was given pain medications and a muscle relaxant. The patient is here today for evaluation of her pains.

#### **CHIEF COMPLAINTS:**

The patient complains of neck pain radiating to the interscapular area and also to both shoulders. The patient reports experiencing numbness and tingling of both upper extremities and fingers, more pronounced on the right side. The patient complains of low back pain on both sides radiating down to both lower extremities, more pronounced on the left side. The patient denies bladder or bowel symptoms. The patient also complains of headaches and intermittent dizziness but denies any blurring of vision or any vomiting.

## **REVIEW OF SYSTEMS:**

The patient denies symptoms such as nausea, vomiting, shortness of breath, chest pain, tinnitus, blurring of vision, fever, chills, homicidal or suicidal ideations, or any bowel or

## PAST MEDICAL HISTORY:

The patient denies any medical problems. The patient denies pregnancy.

## PAST SURGICAL HISTORY:

Breast implants. The patient denies having any metals, hardware or implants in her body.

The patient is allergic to Midol as well as Penicillin. The patient denies any other drug

### PRIOR INJURIES:

Denied.

#### **WORK HISTORY:**

The patient states that she is working part time as a standby flight attendant and also part

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PATIENT NAME: Adonna Frometa

**EVALUATION DATE:** February 23, 2007

## PHYSICAL EXAMINATION:

This is a well developed female ambulating independently without assistive device.

HEENT: Normocephalic, atraumatic. No tenderness is noted. The patient hears equally from both ears. No facial asymmetry. Intact light touch sensation for the face. The patient protrudes her tongue midline. EOM's are intact.

Cervical spine: There is tenderness of bilateral cervical paraspinal muscles. Cervical flexion 30 degrees. Extension 30 degrees. Bilateral lateral flexion 20 to 25 degrees.

Lumbar spine: There is some tenderness of bilateral lumbar paraspinal muscle, more pronounced on the left side. Lumbar flexion to about 75 to 80 degrees. Extension 10

Lower extremities: No tenderness noted. Negative for calf pains. Negative for

## **NEUROLOGICAL EXAMINATION:**

The patient is alert and oriented x three. The patient is able to follow commands. The patient responds to questions appropriately.

### **SENSORY SYSTEM:**

Diminished light touch sensation on the right C5-6 distribution. Diminished light touch sensation on the left L4-5 distribution.

### **MOTOR SYSTEM:**

Right wrist extension 5-/5. Right shoulder abduction 4+/5. Left hip flexion 4+/5. Left

#### **REFLEXES:**

Deep tendon reflexes are 2+ symmetrically.

#### **IMPRESSION:**

- 1. Status post motor vehicle accident on February 14, 2007.
- 2. Cervical and lumbar sprain/strain.
- 3. Headaches.

#### PLAN:

The patient will start a physical therapy program to help decrease the pain.

The patient was referred to the neurologist to evaluate the headache.

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PATIENT NAME: Adonna Frometa

EVALUATION DATE: February 23, 2007

The patient was advised that if she develops any untoward signs or symptoms such as increased headaches, vomiting, or blurring of vision, that she should report to the nearest emergency room immediately.

The patient was advised to follow up with her regular family physician.

The patient is referred for x-ray of the cervical and lumbar spines to rule out any bony

The patient will be referred for MRI of the cervical and lumbar spines to rule out disc pathology and also of the brain to rule out intervertebral pathology.

The patient was advised to avoid any strenuous activities and to refrain from activities that may aggravate her symptoms.

Consider electrodiagnostic studies of the upper extremities to evaluate for possible cervical radiculopathy versus peripheral neuropathy if the symptoms will continue.

The patient was advised to return in four weeks for a follow up checkup.

The patient understands the treatment plan and agrees with it.

#### CAUSALITY:

If the events as described above are correct and true, then the symptoms described are casually related to the accident on February 14, 2007.

I, Albert Villafuerte, M.D., being a physician duly licensed to practice in the state of New York, under the penalties of perjury, pursuant to CPLR, section 2106, do hereby affirm the contents of the foregoing.

Albert Villafuerte, M.D.

Diplomate, American Board of Physical Medicine and Rehabilitation

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#### **NOTE**

PATIENT NAME: Adonna Fromata

EVALUATION DATE: March 9, 2007

## **CHIEF COMPLAINTS:**

The patient complains of headaches but denies vomiting or dizziness. The patient complains of some blurring of vision of the right eye. The patient denies any pain or any

HEENT: Normocephalic, atraumatic. No tenderness. The patient hears equally from both ears. No facial asymmetry. EOM's are intact. The patient protrudes her tongue midline. The patient complains of some blurriness of the right eye but is able to see and discern two fingers from a distance of about three feet.

The patient will be referred to the ophthalmologist to evaluate the eyes.

The patient was advised that if she develops any untoward signs or symptoms such as increased headaches, vomiting, or increased blurring of vision, or any other changes in the vision, that she should report to the nearest emergency room immediately.

The patient will be re-evaluated at her next scheduled visit.

I, Albert Villafuerte, M.D., being a physician duly licensed to practice in the state of New York, under the penalties of perjury, pursuant to CPLR, section 2106, do hereby affirm

Albert Villafuerte, M.D.

Diplomate, American Board of Physical Medicine and Rehabilitation

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